

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/585910

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		3		
5		4		3		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
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17		1		1		
18		1		1		
19		1		1		
20		1		1		
21		1		1		
22		1		1		
23		1		1		
24		1	1			
25	1				1	
26						1
27						1
28						1
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36						1
37						1
38						1
39						1
40						1
41						1
42						1
43						1
44						1
45						1
46						1
47						1
48					1	
49						
50						
TOTAL IND.	2	↓	2	↓	2	↓
TOTAL DEP.	26	←	26	←	22	←
TOTAL CLAIMS	28		28		24	

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						